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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26132

Registration District No. 184 Primary Registration District No. 101 Registrar's No. 1506

1. PLACE OF DEATH:
(a) County St. Louis Co
(b) City or town Clayton, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Conway & Spoede Rd, R.R.#1, Box 301 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Clayton (If outside city or town limits, write "RURAL") 2
(d) Street No. Conway & Spoede Rd. (If rural, give location) 3
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katharine Mirick
3. (b) If veteran, name war
3. (c) Social Security No. Nil
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Allen Mirick
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 22, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	6 5	26	hr. min.

9. Birthplace (City, town, or county) Wis. (State or foreign country)
10. Usual occupation Nil
11. Industry or business
MOTHER FATHER
12. Name Herman Rugee
13. Birthplace (City, town, or county) France (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Canada (State or foreign country)
16. (a) Informant Harry R. Mirick
(b) Address 5325 Henry
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) JUL 19 1941 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1941 hour 11.20A.M. minute M.
21. I hereby certify that I attended the deceased from July 7, 1941, to July 18, 1941, that I last saw him alive on July 17, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Pancreatitis	
Due to Chronic Interstitial Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death) BJW	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. C. Emerson (M. D. or other) O
Address 3870 Easton Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.